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### Deposited in DRO:

21 February 2017

### Version of attached file:

Accepted Version

### Peer-review status of attached file:

Peer-reviewed

### Citation for published item:

Stepanova, E. and Hackett, S. (2016) 'Improving institutional care to enhance outcomes for care leavers in Russia.', in Young people transitioning from out-of-home care : international research, policy and practice. London: Palgrave Macmillan, pp. 367-388.

### Further information on publisher's website:

[https://doi.org/10.1057/978-1-137-55639-4\\_8](https://doi.org/10.1057/978-1-137-55639-4_8)

### Publisher's copyright statement:

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Stepanova, E. & Hackett, S. (2016). Improving Institutional Care to Enhance Outcomes for Care Leavers in Russia. In *Young People Transitioning from Out-of-Home Care. International Research, Policy and Practice*. Mendes, P & Snow, P Palgrave. 367-388.

Accepted, pre-publication version

## **Chapter 18, Evgenia Stepanova and Simon Hackett: Improving institutional care to enhance outcomes for care leavers in Russia**

There is a considerable body of research which associates successful independent living outcomes for care leavers with the skills and experiences they developed while residing in out-of-home care (OHC) (Courtney, 2008; Dixon, 2008; English *et al.*, 1994). In Russia, however, the nature of existing institutional care provision makes it challenging, and in some cases impossible, to ensure good life chances for care leavers.

This chapter examines the views of 15 Russian caregivers and 45 Russian care leavers regarding their institutional experiences, and explores a range of critical factors associated with care leavers' transition to adulthood. This survey-based account begins by exploring caregivers' experiences of looking after children and young people, with a focus on young people's preparation for independent living. The chapter then presents young people's reflections on how institutional care can be improved in order to achieve better outcomes upon becoming independent.

### **Introduction**

The majority of young people in care in Russia who are given a status of 'ready for independent living' leave institutional settings between the ages of 16 and 23 (Dzugaeva,

2013; Lerch & Stein, 2010). The status of being ‘independent’ is usually seen as a step to an instant adulthood followed by complete or partial discharge from institutional settings and the removal of legal supervision by the State. The publicly stated position in Russia is that care leavers receive all the support and help required for successful well-being in independent life. However, in reality, ‘the State has lost more than one generation of care leavers’ with an estimated 10 per cent of young people committing suicide, 40 per cent becoming criminals, and 40 per cent experiencing problems with alcohol and drug misuse (Philanthropy, 2015). Annually, only 4,000 out of 40,000 care leavers manage to live independently and do not put their lives at risk (Lerch & Stein, 2010; Philanthropy, 2015), and this demonstrates that care leavers very often do not receive the in-care and after-care support necessary to enhance their life chances in adulthood. Despite ongoing international research, and practices which emphasise the importance of preparation for after-care independent living, Russian care support primarily focuses on the provision of material resources. Indeed, young people may leave care equipped with the latest electronic devices, but hardly know how to look after themselves (Philanthropy, 2015). Furthermore, the process of leaving care makes it difficult and often impossible to provide smooth transition into adult life (Prisyazhnaya, 2007). Factors such as separation from house parents, the search for a new home and the return to birth parents often act as challenging milestones in their independent life (Philanthropy, 2015; Prisyazhnaya, 2007). Care leavers may also be psychologically and emotionally unready to fit into a different social structure post care, where they are no longer perceived as ‘poor orphans’ but rather seen as mature and independent adults (Mensitova, 2012).

The existing body of research argues that in order to ensure the smooth transition of care leavers to independent life, it is important to focus on the skills, knowledge and experiences they gain whilst in care (Courtney, 2008; Dixon, 2008; English, Kouidou-Giles & Plocke,

1994 in Stepanova & Hackett, 2014; Philanthropy, 2015). That said, despite recent welfare policy debates about reducing the number of children entering care (Dzugaeva, 2013), institutional care in Russia has rarely been the focus of research aiming to explore and potentially improve the existing infrastructure of the institutional system. This chapter aims to address this gap by presenting findings from a survey conducted with a group of Russian caregivers and care leavers, focusing on their institutional experiences and how these experiences shape and define life after care.

### **Out-of-Home Care in the Russian Federation**

In Russia there were 731,000 children and young people in OHC in 2010 with 260,236 children and young people placed in varying types of institutional care (Philanthropy, 2011). The remaining 65 per cent of children are admitted to family placements where the predominant type of care is kinship care incorporating 87.6 per cent out of all family placements (Schmidt, 2009). According to a member of the Public Chamber of the Russian Parliament (Altshuler, 2010; 2013), each day 250 Russian children become ‘social orphans’. The term ‘social orphans’ (*socialnie siroti*) includes individuals whose parents cannot raise their child due to incarceration, poverty, physical/sexual abuse, abandonment and neglect (Safonova, 2005; Mulheir *et al.*, 2004). Out of the total number of children in OHC, 95 per cent are social orphans who have at least one living parent (Yarskaya-Smirnova & Antonova, 2009). The child’s placement process in the Russian context may be unpredictable and chaotic and is often subject to local authority practices that vary widely in quality, rather than through a legal and formal procedure which follows a pre-determined protocol (Philanthropy, 2011). Institutional care is widespread with this type of placement, representing 98 per cent of all OHC facilities for children after kinship care

(Groark *et al.*, 2008; Human Rights Watch, 1998). The remaining two per cent belong to *patronat* care<sup>1</sup> and adoptive families. However, with a lack of other available options, institutional care often remains the only alternative for child placement in Russia. There are 5,186 institutional child care settings for children and young people in Russia (Philanthropy, 2011) though the number of children requiring placement is three times higher than the capacity of these institutions (Yamskaya-Smirnova & Antonova, 2009). There has been an ongoing debate around the effectiveness of contemporary institutional care in the Russian context (for example: Sellick, 1998; Astoyanc, 2005; Groark *et al.*, 2008; Schmidt, 2009). The wide body of international research considers institutional care to be inferior to other models of out of home care placement such as foster care, adoption or kinship care, and it is often viewed as a measure of ‘last resort’ for children (Schofield, 2005; Forrester, 2008; Little *et al.*, 2005; Sellick, 1998). Perceptions of institutional care both internationally and in Russia continually associate children and young people in care with trouble, risk, abuse and danger (Emond, 2003; Schmidt, 2006; Taylor, 2006; Prisyazhnaya, 2007; Yarskaya-Smirnova & Antonova, 2009; Zhuravleva, 2013). In addition, financial arguments that institutional care is inferior influenced the widespread closure of State care in a significant part of Western Europe and in some states of the United States (Hellinckx, 2002). Overall, the widespread stigma and status of marginalisation attached to both institutionalization and children in care represent fundamental barriers to thorough research on institutional care as well as development of new policies and practices to improve it.

### **Care Leavers’ Profiles in Russia**

In Russia, there is no federal monitoring system which tracks the pathways and life trajectories of children and young people after the point of their admission into institutional care. Information about each child in care can be found only in reports relating to their initial

placement (Cinduk, 2012). However, some small-scale and often unsystematic studies provide a degree of insight into the independent life trajectories of care leavers across the country. Several Russian studies demonstrate that there is only a small proportion of care leavers who manage to achieve successful independent living (Dovzhik & Archakova, 2015; Philanthropy, 2015). In the year 2000, from a total of 15,000 care leavers, 5000 were involved in criminal activities, 3,000 became homeless and 1,500 committed suicide (Philanthropy, 2011). In the Kaluga region, only 10 per cent of young care leavers were reported to be ‘fitting’ into Russian society, whereas 90 per cent were socially excluded (Podolskaya & Vendina, 2008). In contrast, the Vice-President of the Department of Social Care in the Moscow region argued that in 2013, of 3000 young people transitioning from care, 1200 received both vocational and higher education, 1000 had temporary or permanent jobs and only 52 had a history of criminal offending (Dzugaeva, 2013).

Prisyazhnaya (2007) and Podolskaya and Vendina (2008) argue that the institutional care settings in Russia hinder positive outcomes when leaving care. In particular, Podolskaya and Vendina state that young people feel lost and scared of independence at the point of leaving institutional care. There is a considerable body of research which associates successful independent living in care leavers with the skills and experiences they developed and gained whilst in care (Courtney, 2008; Dixon, 2008; English *et al.*, 1994). Furthermore, Nazarova (2000) and Anghel (2011) argue that long-term institutional placements have a significant detrimental impact on the development of young people’s identities and their behaviour. Nevertheless, some existing research suggests that the institutional experiences of children and young people can positively contribute to the development of a number of characteristics and skills critical to independent living, such as good communication skills (Astoyanc, 2006), high levels of responsibility for individual actions, and careful

consideration of health and well-being issues (Podolskaya & Vendina; 2008). Conversely, institutional care may reduce care leavers' basic skills (Stein, 2004) including financial responsibilities and budgeting, housekeeping and making food (Dovzhik & Archakova, 2013). Podolskaya and Vendina (2008) argued that the most challenging characteristics to develop among children in care are adequate self-perception, independence, social responsibility and emotional stability. With these factors in mind, it has been argued that additional support for care leavers often inadvertently teaches them how to 'manipulate' rather than how to be responsible adults (Dovzhik & Archakova, 2013).

### **Staff in Institutional Care**

Prisyazhanya (2007) argued that caregivers working in institutional care play a central role in ensuring the wellbeing of children in their care, as well as of care leavers. Although there is evidence that in Russia the levels of caregivers' qualifications are relatively poor (Groark *et al.*, 2008), some studies suggest that the personal characteristics of staff are far more important (Astoyanc, 2005; Prisyazhanya, 2007;). As such, the wellbeing of both children in care and care leavers depends on caregivers' levels of emotional attunement and individual character traits (Prisyazhnaya, 2007). The qualifications of caregivers also depend significantly on the profile of an institution. In baby homes, caregivers are mostly qualified nurses and paediatricians (Groark *et al.*, 2008). Most of the training received by staff is on issues associated with children's health and safety, with little focus on psychological issues or pedagogical training. Institutional units for older children such as children's homes and boarding schools most frequently employ unqualified staff (Philanthropy, 2011). Here all categories of specialists including social workers, caregivers, nurses and teachers often have low levels of qualification (Philanthropy, 2011). There is also no evidence that there is any

psychological or psychosocial training received by these personnel (Groark *et al.*, 2008; Philanthropy, 2011). Caregivers' lack of awareness about children's in-care needs and their vulnerability status can create severe disruptions in communication between caregivers and children, and subsequently lead to a long-term negative impact on children's well-being (Groark *et al.*, 2008). Similarly, specialists such as medical staff in maternity and general hospitals have very poor recognition about children in care and their needs. It is often the case that medical doctors in maternity units convince any mother to give up children born with special needs immediately after giving birth (Philanthropy, 2011). For example, the study conducted in Moscow by a non-governmental organisation entitled 'Downside Up' interviewed 40 women who gave birth to children with Down syndrome. According to them, the medical staff in maternity hospitals tried to persuade women to give up their child to a baby home (Downside Up, 2008).

### **Study Aims and Methodology**

The aims of this study were to explore both caregivers' reflections on young people's perceived readiness for independent living and also young people's own reflections following their transition to independence. In particular, the study sought to give voice to care leavers' suggestions and recommendations regarding what needs to be done to make institutional care more effective for other young people in the institutional care system in Russia.

#### *Method*

We undertook a cross-sectional survey to gather the views of different groups of people involved in institutional care. In an effort to 'give voice' to young people as the key informants about their experiences, the research was conducted with care leavers as well as with staff (Ireland & Holloway, 1996; Oakley, 2000; Ridley & McCluskey, 2003). As we



were conducting research with a vulnerable group of individuals and touching upon sensitive topics, one of the goals was the development of a ‘user-friendly’ questionnaire which would be self-completed, as this has been seen to be a useful technique in data collection in sensitive topics with young people (Ridley & McCluskey, 2003; Ward *et al.*, 2005). The survey design allowed care leavers to feel more comfortable when responding than might have been the case in a face-to-face interview, which can entail ‘age and power differences between adults and children’ (Ward *et al.*, 2005, p. 11). Bowling (2005) reports that participants’ willingness to disclose sensitive information reaches a very high level when the data is collected via a questionnaire, and this method is commonly used in care leaver research (Aldridge & Levine, 2001; Holland, 2009;).

Two questionnaires were designed. The questionnaire for care leavers aimed at exploring their views on and experiences of institutional care. The second questionnaire focused on the perceptions of staff and their experiences of children in care in institutional settings. The questionnaires included both closed and open multiple-option responses as well as statements on which agreement was indicated using Likert scales. Those findings drawing on data which explored young people’s individual perceptions of institutionalization and identified in-care factors of significance to care leavers are presented elsewhere (please see Stepanova & Hackett, 2014 which provides a hitherto overlooked insight into the lives of Russian care leavers). In the context of this chapter, we focus on findings that relate to staff reflections on young people’s institutional experiences, and we compare these to care leavers’ recommendations. Ethical approval was gained from the School of Applied Social Sciences Ethics Committee at Durham University.

### *Participants*

All of the participants were recruited with assistance from a non-governmental centre for care leavers in Moscow which provides educational and socio-emotional support to young people who have been in care. Participants comprised forty-five care leavers from Russian institutional care settings and fifteen members of staff. They came from various backgrounds and had a wide range of institutional experiences (Stepanova & Hackett, 2014). All participants from the care leavers' sample were aged between 16 and 30<sup>2</sup>. Both female and male respondents took part in the study. At the point of completing the questionnaire, all care leavers had been living independently for at least one year. Here the term 'independent living' refers to discharge or partial discharge (for example when a care leaver lives in accommodation provided by the vocational education system) from institutional care in Russia followed by the withdrawal of legal supervision by the local authorities. Having an aftercare experience of educational and social provision offered by the centre enables participants to reconsider their in-care experiences, contrasting them with their current conditions (Ward *et al.*, 2005; Stein & Verweijen-Slammescu, 2012).

Information about the study was provided to staff members of the non-governmental centre at a video conference prior to commencing any research activities in the centre. Subsequently, staff of the centre presented the research overview to care leavers where the invitation to take part was announced. Where potential respondents demonstrated their willingness to take part in the research, they were individually approached and consulted by a General Manager of the supporting organisation. This practice provided participants with a comfortable and trusting environment where they were able to ask questions about the research and make a decision about their participation. During the process and after completion of the questionnaire all care leaver participants were supported by a psychologist permanently working in the centre.

The second group of participants included fifteen caregivers who had been working with children in care and/or care leavers for minimum of two years. Caregivers' ages ranged from 21 to 50. The sample was a heterogeneous group of professionals working with care leavers in several areas including education, mental health, social well-being and practical preparation for independent living.

For all participants, Russian was their first language so all questionnaires were translated and completed in their native language. Each participant was provided an information sheet and completed an informed consent form indicating their willingness to take part in the study. Participation was entirely voluntary and independent of any support being offered to care leavers. Responses to questionnaires were anonymous.

## **Findings**

### *Profiles of Members of Staff*

All 15 members of staff were female, and their average age was 28. This gender bias is representative of the existing population of those involved in social work and institutional care in particular in Russia (Philanthropy, 2011). Not surprisingly, there was a relationship between staff age and their work experience in care settings. Nine respondents who were aged under 34 had less than seven years' experience in the care sector, whereas three of the participants aged over 38 had 13 or more years' work experience. Table 1 shows the personal characteristics and profiles of staff members.

Insert Table One about Here

Overall, staff respondents' experiences ranged from working in children's homes and boarding schools to providing care leavers with social support. Ten members of staff had between two to seven years of work experience with children and young people in care.

However, those who had worked less than seven years had not received any relevant qualification or professional training. Although not necessarily representative of all professionals working in institutional care in Russia, the lack of professional social work or social pedagogy qualifications for both managers and staff is a concerning finding.

Research suggests that the area of child care is occasionally perceived as a sensitive and intuitive job which requires more in the way of personal characteristics rather than professional qualification (Millham *et al.*, 1986; Philanthropy, 2012). This approach was largely criticised by Millham *et al.* (1986) suggesting that appropriate professional training helps to boost existing effective personal characteristics and improve practice around looking after children. Nine respondents in the current study highlighted that they would have liked to receive additional training. Although additional professional training opportunities may often be beneficial for staff, caregivers often lacked basic knowledge in working with children such as an understanding of child development. One specialist in children psychology argued that it would ‘improve the knowledge about child development’ (female caregivers aged 30) and another stated that it would ‘give insight into difficulties around children behaviour’ (female teacher aged 26). Similarly, training may play a positive role in teaching staff how to react to crisis situations such as burnout or secondary traumatic stress (ACS-NYU Children’s Trauma Institute, 2012). Furthermore, the need for training around work with children and young people with disabilities was rated as the second most important professional development need among four respondents.

### *Staff Experiences*

The majority of staff ‘disagreed’ or ‘strongly disagreed’ that the staffing ratios were high, arguing that children did not have too many different caregivers during institutionalization. This finding stands in contrast with the existing body of research

claiming lack of staff as one of the key deficiencies in young people's in-care and after care experiences (Groark *et al.*, 2008).

Eight caregivers reported that they established good relationships with residents including the statement that 'relationships between a housemother and a child are at the core of institutional well-being' (female teacher aged 23). For half of the staff, particularly those with over seven years' experience of work with children in care, these relationships tended to continue even after young people had left care. This suggests that the enduring bond between staff and care leavers might be a relatively common feature in relationships between care leavers and staff. Eleven of the staff 'strongly agreed' that it is necessary to establish 'family-like' relationships between residents and caregivers. Only three respondents disagreed with this arrangement, arguing, for example, that 'it can be unpleasant to children' (female caregiver aged 50). This statement is consistent with the work of Little *et al.* (2005) who reported that staff barriers to establishing close family relationships with young people in care might be the existence of 'intact families' of residents. One of the key attributes regarding relationships with children in care is physical contact, however, none of the respondents in the current study said that they found that physical contact was of any importance for children and young people. Berridge and Brodie (1998) found that in contexts where a policy of control and order was emphasised within institutional care, physical contact, including public displays of affection, between staff and residents may be limited. According to participants' responses in our Russian study, staff believed that establishing close relationships was not associated with a strong positive impact on residents' well-being. Indeed, nine professionals 'strongly disagreed' with the statement that close relationships would enhance the quality and experiences of institutional care among residents. These findings, therefore, demonstrate mixed attitudes towards close relationships between staff and

residents in care. Respondents highlighted the importance of family-type relationships and the continuation of such relationships for care leavers, nevertheless, close relationships were not seen as critical to positive wellbeing. And physical contact, which is often viewed as a traditional form of care, support and reassurance (Berridge & Brodie, 1998), was not emphasised.

Institutional care in Russia is often associated with regulations, discipline, power and control. The discipline may include different types of punishment following perceived misbehaviour of a child (Human Rights Watch, 1998). Among the most extreme punishments are ‘warehousing them [children] in barren and windowless rooms’, ‘denying them available food’ or ‘keeping them [children] in unsanitary accommodations or in inadequate clothing’ (Human Rights Watch, 1998: 45). All fifteen participants ‘agreed’ and ‘strongly agreed’ that the existing measures of control and management of children and young people in care are adequate, indicating that staff did not find the levels of control used abusive or in violation of residents’ rights. Twelve respondents ‘strongly disagreed’ with the statement that caregivers punished residents too much, suggesting that ‘every child is different, so we need to use different approaches’ (female caregiver aged 50). Three professionals, all of whom had more than ten years’ experience, stated that they ‘strongly disagreed’ with the statement.

## **Care Leavers’ Perspectives**

### *Profiles of Care Leavers*

Most respondents were male ( $n = 27$ , 60 per cent) and 18 were female (40 per cent). This ratio is representative of the existing gender population in institutional care in Russia (Astoyanc, 2005 in Stepanova & Hackett, 2014). All but one of the care leavers was single at the point of their participation in the study. Thirty-four care leavers (75.5 per cent) were

admitted to OHC from a family environment after the age of five years old. Thirty-five out of 45 care leavers experienced more than one institutional placement (77.8 per cent). The age of the sample varied between 16 years old (n=12, 26.6 per cent) and those over 17 (n=33, 73.4 per cent). A more detailed profile on care leavers including their history of institutional placements is provided elsewhere (see Stepanova & Hackett, 2014).

### *Care Leavers' Recommendations*

The most common recommendation from care leavers on how institutional care could be improved to enhance their independent living outcomes focused around relationships with staff. Twelve care leavers emphasised that improvement of personal relationships between residents and caregivers would have a direct influence on young people's quality of life in institutions and after care. Some of the care leavers felt that they had negative experiences of relationships, for example: 'we tend to have the same kind of attitude towards staff as they do towards us, and it is not the positive one' (female care leaver aged 19), or 'it is important to employ caregivers who have at least some humanity' (female caregiver aged 20). Conversely, six care leavers recommended that young people in care should 'listen to staff and respect them' (female care leaver aged 16), and 'do your best to establish good relationships with your houseparents' (female care leaver aged 16).

Another recommendation from care leavers was to focus on education and to 'spend all your time in care studying as it will benefit your future life after care' (male care leaver aged 22), and 'to read more books and to study hard' (female care leaver aged 20). Here respondents encouraged children and young people in care to 'look for ways and opportunities of self-development' (female care leaver aged 22). The findings demonstrate that an emphasis on the value of education might be influenced by care leavers' independent living conditions and priorities. Often the quality of education is neglected in Russian institutional care, making it extremely difficult for young people to achieve successful independent living (Stepanova & Hackett, 2014).



## Discussion

Russian institutional care conforms to the definition of institutions in research on care provision in Eastern and Central Europe. Being often over-populated and understaffed, institutional life is organised around the principles of collective upbringing widely promoted during the earlier socialist regime (Khlinovskaya Rockhill, 2010). Regardless of environments and some macro factors, the central element of institutional life is always shaped and defined by the established relationships between caregivers and residents.

The findings reported here provide insight into caregivers' experiences of institutional life. The caregivers in this study were an experienced group, often working in institutional settings for many years. Staff experiences of institutional care are often shaped and formed by individual practices, beliefs, relationships, values and emotions rather than by professional qualifications and knowledge. Indeed, the majority of caregivers highlighted that their professional backgrounds are irrelevant to social pedagogy and care despite the international emphasis on the quality and levels of professional qualification (Groark *et al.*, 2008, Sellick, 1998; Taylor, 2006). The majority of caregivers are convinced that child-caregiver relationships are of major importance to children and their wellbeing in care. Feelings such as love, altruism, responsibility and sympathy may contribute to caregivers' attempts to develop warm and reciprocal relationships with children (Dzugaeva, 2013). Caregivers reported wanting to build a sense of good relationships, aiming to create family-type care followed by long-term bonding between staff and young people even after leaving care. Here the practice of permanence and relationships beyond institutional formal responsibilities play critical roles in the lives of children. That said, such obvious attributes of family-type relationships as physical contact are often rejected by staff. The inconsistency in family-type relationships continues when some staff members demonstrate positive attitudes towards punishment

which may often constitute physical abuse (Human Rights Watch, 1998). Overall, most caregivers show a tendency to promote and develop the notion of family in care. Driven by support and care, adults often create a sense of extended family in institutions where caregivers play the roles of parents. This voluntary practice of caregivers of building family-type relationships is in line with the Soviet ideology of creating ‘one big public family’ (Khlinovskaya Rockhill, 2010, p. 14). However, whereas in Soviet times the practice was driven by control, surveillance and structure, the contemporary practice introduces more individual and intimate approaches to care, mixed together with Soviet practice. As a result, the family-type relationships still include a number of inconsistencies and contradictory experiences such as the absence of physical affection and the use of punishment.

Care leavers’ recommendations on how to improve institutional care are consistent with caregivers’ views on the importance of relationships. When entering care, most children experience long-term institutional placements followed by frequent moves between the settings (Stepanova & Hackett, 2014). Given the paucity of contact with parents, institutional life often becomes a substitute for children’s families. A significant number of young people highlighted the importance of establishing good and trusting relationships with ‘house parents’ to ensure positive experience in institutions. Having stable, meaningful and positive relationships with a caregiver contributes to children’s development of a role model, secure attachments with an adult and subsequent success in care. Furthermore, reciprocal and quality relationships enable children to have a positive image about institutional life as well as about themselves. In turn, Berridge *et al.* (2010) show that positive child-caregiver experiences may contribute to children’s development of resilience in care and after leaving care. The findings reported by Stepanova and Hackett (2014) also demonstrate positive outcomes among care leavers where young people had established strong attachments and had a sense of belonging with their house parents. Finally, care leavers emphasise the importance of focusing on

receiving education in care. It is argued that low levels of education may have a negative impact on care leavers' success in independent life (Dixon & Stein, 2003; Prisyazhnaya, 2007 in Stepanova & Hackett, 2014).

Overall, the findings from both staff and care leavers' views are in line with the international research highlighting the significance of a family-like environment in care, enduring relationships between residents and staff, and the importance of education. That said, some caregivers did not regard warm, family relationships between residents and staff as a critical factor in positive outcomes among young people, which contradicts some findings from international research (for example, Berridge & Brodie, 1998). Overall the current research suggests a warm family-type environment and strong bonds might be created in institutional settings provided there is individual openness and willingness to do so. However, such essential attributes of Russian institutions as placement instability, isolation in institutions and high staff and child ratios often hinder the relationships between staff and residents (Stepanova & Hackett, 2014).

## **Conclusion**

The research findings suggest a number of key recommendations for policy and practice reform. First of all, the current practice of looking after children in Russia is strongly influenced by the intuition and experience of caregivers rather than by empirically-derived knowledge. This detachment of a professional body of knowledge from practice reflects the nature of care and children's experiences as well as relationships between caregivers, volunteers and early career professionals. In this respect, relevant training programmes should be designed and embedded into care in Russia which would be available to all members of staff. The proposed training would professionalize practice in the area of care provision for the first time.

Next, evidence from this study shows that relationships in care may reflect complex factors. Ignoring the importance of secure attachment and emotional closeness may be a critical barrier to improving young people's lives. Such factors as caregivers' distance in relationships and collective upbringing might militate against continuous and secure relationships with house parents. In the first instance, Russian care providers need to consider and reflect on the importance of relationships in care. There is a need to develop a series of creative practices and approaches which would enhance and sustain the opportunities for permanent, trusting, warm and reciprocal relationships. Both care leavers and staff demonstrated attachment to, and dependency on, the relationships with caregivers. Policy makers and practitioners in Russia need to introduce a clear and stable scheme of maintaining contact between residents and caregivers across different institutional settings. The opportunities for permanent contact need to become part of the routine available in care and after leaving care. Although continuity of care may be a more realistic goal in smaller institutional settings, each unit needs to promote the value of permanence in relationships. Furthermore, the study demonstrated that limited or non-existing professional qualifications among staff is a common attribute of care provision practice across various institutions. This is likely to impact negatively on the nature of the care young people experience. Some staff members recognised and admitted the value of improving the level of professionalism through training. In this respect, relevant training programmes should be designed and embedded into care. These recommendations are developed to improve and change the everyday practice of children in care in Russia, and to promote the successful transition of young people into independent living. Although the Russian Government has demonstrated a general intention to enhance care provision for children in care and care leavers, this study identifies a number of specific approaches which could further enhance their wellbeing.

It is important to stress the limitations of this study. Only a small number of participants and institutional units (drawn from only one geographic location, namely Moscow) were included. This small sample cannot be assumed to be representative of care leavers and caregivers or institutional facilities across Russia. Russia consists of 83 Federal subjects (The Article 65 §1, 2007) where Moscow represent only 1 province. The region explored in this study differs from other districts due to different cultural and geographical location, socio-economic status, Government financial support, availability of professional and educational opportunities, and levels of non-governmental support.

Furthermore, due to the complexity of experiences and events in institutional care, as well as the heterogeneity of the care leaving population any generalisations could be premature and / or misleading. Further, it is important to acknowledge that the research did not include care leavers with severe learning disabilities. Although the study did include young people who had experience of residing in specialised boarding schools due to possible learning difficulties, the wards housing individuals with severe disabilities were closed to public or volunteers.

Lastly, the context of institutional care in Russia had a strong influence on the research findings. In this respect, the outcomes of this study may not necessarily apply to population groups elsewhere in Russia or in other countries. However, despite the aforementioned limitations of the study, the experiences of institutionalization resonate with other studies internationally suggesting that institutionalized individuals may have experienced similar events. In this respect, the findings from this research can be used by practitioners, policy-makers and researchers in order to apply them to a specific population or as a starting point for further studies.

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## Appendix 1

Table 1: Personal characteristics and institutional experiences of members of staff

Characteristics, placement and current status	Total (N=15)
<i>Work experience (years)</i>	
<i>2-4</i>	4
<i>5-7</i>	6
<i>8-10</i>	1
<i>11-13</i>	2
<i>Over 13</i>	2
<i>Types of institutional settings worked in</i>	
<i>Army</i>	1
<i>Boarding school</i>	2
<i>Children's home</i>	14
<i>Rehabilitation centre for care leavers</i>	15
<i>Qualification/Degree</i>	
<i>Art</i>	1
<i>Journalism</i>	1
<i>Law</i>	1
<i>Linguistics</i>	1
<i>Medicine</i>	1
<i>Pedagogy</i>	1 1
<i>Photography</i>	2

<i>Psychology</i>	2
<i>School Teacher</i>	4
<i>Finance</i>	
<i>Types of institutional settings resided</i>	
<i>Shelter</i>	39
<i>Baby home</i>	11
<i>Children's home</i>	28
<i>Boarding school</i>	30
<i>Specialist boarding school<sup>3</sup></i>	29
<i>Role in Current Post</i>	
<i>Caregiver</i>	5
<i>Manager of social projects</i>	1
<i>Manager of social work department</i>	1 1
<i>Psychologist</i>	7
<i>Teacher</i>	
<i>Gender</i>	
<i>Female</i>	15
<i>Male</i>	0

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<sup>1</sup> In a patronat family the responsibility for guardianship is shared between an institution and a family (Schmidt, 2009).

<sup>2</sup> Some of the participants became independent before they reached the age of 16 to go to vocational education.

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<sup>3</sup> Specialist boarding school is the translated term for “psychonevrologicheskij internat” previously used by Human Rights Watch (1998).